

EXHIBIT C

Defendant's Expert Disclosure of Diane Dowdy

**Dianne Dowdy, RN
4855 Old Jackson Road
Somerville, Tennessee 38068**

May 1, 2014

EXPERT WITNESS REPORT

LOVELACE V. PEDIATRIC ANESTHESIOLOGISTS, ET. AL,

I have been retained to provide expert testimony in this case on behalf of the defendants, Pediatric Anesthesiologists, PA, Babu Rao Paidipalli, M.D. and Mark Clemons, M.D.. I am familiar with the recognized standard of acceptable professional practice for a PACU nurse providing care to a patient such as Brett Lovelace as it existed in March 2012 in Memphis, Shelby County, Tennessee. My qualifications are set forth in my curriculum vitae attached to this report.

In forming my opinions I reviewed the following:

- 1. Complaint**
- 2. Medical Records of Brett Lovelace**
- 3. Agreed Order entered by Tennessee Board of Nursing from investigation of Kelly Kish, RN**
- 4. Photographs of Brett Lovelace**

The facts I considered in forming my opinions are as follows:

At approximately 10:35 a.m. on March 12, 2012, the care of Brett Lovelace, a 12 year old male, was transferred to Lebonheur's PACU nurse Kelly Kish, RN who at that point in time became the primary caregiver for the patient. Brett Lovelace had undergone surgery to remove his tonsils and adenoids. On admission to the PACU his vital signs were normal. At some point either during transfer to the PACU or upon arrival in the PACU, the patient had repositioned himself to a prone position. The patient's blood pressure at 11:03 a.m. was recorded as 118/56; at 11:20 a.m. it was 106/53. At 11:34 a.m. his blood pressure dropped to 84/42. Kelly Kish did not contact anesthesia to notify them of drop in blood pressure. Brett Lovelace coded at 12:15 p.m.

It is my opinion that the PACU nurse, Kelly Kish, deviated from the recognized standard of acceptable professional practice by:

- 1) falling to put Brett Lovelace on a cardiac monitor upon admission to the PACU, based upon the type of surgery that was performed;**

- 2) failing to raise the head of the bed to facilitate drainage from the area of surgery;
- 3) failing to insure that the patient's head was turned to the side when he was in a prone position and allowing him to lie face down;
- 4) failing to notify Anesthesia personnel when the patient's blood pressure dropped to 84/42 as recorded by Kelly Kish at 11:34 a.m.;
- 5) failing to check the patient's vital signs every five minutes or more often, after 11:34 a.m. when his blood pressure dropped to 84/42;
- 6) failing to replace the probe in the pulse oximeter when she became aware that the pulse oximeter was not working properly and if she determined the probe was not the problem (as stated in the Agreed Order), failing to switch out the machine and to assess the patient's respiratory status;
- 7) failing to arouse the patient when she checked vital signs (in the Agreed Order Kelly Kish admitted that while she recorded that Brett was "arousable" when she checked vital signs she admitted she did not attempt to arouse the patient at those times resulting in an incorrect Aldrette score). A PACU nurse should attempt to arouse the patient each time the nurse checks and records the vital signs, which should be done q 15 minutes during the first hour of admission to PACU and q 30 minutes during the second hour of admission;
- 8) her making false entries in the medical chart;
- 9) relying upon readings from an automated blood pressure cuff instead of rechecking the blood pressure or using a stethoscope to manually check the blood pressure. Also, not using a stethoscope to assess the breath sounds, front and back; and
- 10) failing to take any action when she heard "gasping sounds". The standard of care required her to reposition the patient to a supine position and assess the airway.

There were no deviations by any other provider.

The opinions stated above regarding the deviations from the recognized standard of acceptable professional practice of a PACU nurse practicing in Memphis, Shelby County, Tennessee in March 2012 are based upon my education, my training and experience, my review of the medical records, Agreed Order entered by the Tennessee Board of Nursing, and the photographs of Brett Lovelace.

I will offer additional opinions in this case as follows:

Physicians and CRNA's rely upon the skill level of a PACU nurse as it requires specialized skills. Medical providers rely upon the hospital to appropriately staff the PACU with experienced, qualified, skilled nurses.

It is my opinion that Grace Freeman, CRNA properly and in accordance with the standard of care, transferred care of Brett Lovelace to Kelly Kish at the time she

gave report to Kelly Kish, RN at approximately 10:35 a.m. on March 12, 2012. At that point Kelly Kish became the primary caregiver for the patient and the standard of care required that she notify the Anesthesia team if there was any kind of problem with the patient's breathing.

It is acceptable, and within the standard of care, to allow Brett Lovelace to remain in a prone position after he naturally repositioned himself to that position. The medical records show that the patient was adequately ventilating in this position and that his vital signs were good at the time Grace Freeman, CRNA left the PACU after turning over the care to Kelly Kish. The standard of care required Kelly Kish to monitor his vital signs and airway status in order to judge whether to leave him in the prone position or move him to a supine position.

I have not testified in a deposition or at trial in the past four years.

I charge \$75 per hour for review of cases and \$275 per hour for testifying.


DIANNE DOWDY, RN

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PROFESSIONAL SUMMARY

Registered Nurse

- Highly skilled career professional with 26 years experience in hospital, outpatient surgery, and Infection Prevention / Employee Health experience.
- Enthusiastic caregiver-Experience Includes Critical Care, PACU, Ambulatory Care.
- Previous manager in ICU and PACU/Ambulatory areas-able to manage teams in both areas; successful outcomes in patient and employee satisfaction. Flexible staffing efforts, PI, evaluation of staff, coaching/mentoring new graduates. Caring for critically ill and post-op patients independently and along with other health care teams.
- Infection Prevention: Computer skilled; knowledge in use of Theradoc programs, reporting to Health Department and NHSN. Employee health Nurse for 400+ employees. Reporting and guidance for work related injuries, immunizations and health screens.

CREDENTIALS

License-State of TN

1987

ACLS Instructor
 CPR Instructor

PROFESSIONAL EXPERIENCE

RN staff nurse Infection Control/Employee Health

10/2008-
 current

Baptist Hospital, Collierville, TN

RN staff nurse-PACU/Ambulatory supplemental staffing
Baptist Hospital, Collierville, TN

2001-current

Head Nurse-PACU/Ambulatory
Baptist Hospital, Collierville, TN

1999-2001

RN-supplemental staffing ICU/PACU
 OR Nurses, INC, Memphis, TN

Head Nurse-PACU
 East Memphis Surgery Center Memphis, TN

1998-1999

RN staff nurse-PACU
 Baptist Hospital, Germantown, TN

1992-1998

1991-1992

Head Nurse, SICU

Baptist Memorial Hospital, Memphis, TN

1990-1991

RN Staff Nurse SICU

Baptist Memorial Hospital, Memphis, TN

1987-1990

EDUCATION

South University	
Online program to obtain BSN-schedule to complete 7/14	2013-current
Diploma in Nursing-RN	
<i>Baptist Memorial Hospital School of Nursing</i>	1987
Memphis State University	
Undergraduate pre-requisite courses for nursing	1982-1984

AFFILIATIONS

APIC	
Member of Fayette County Board of Health	2012-current
	2010-current

COMMUNITY SERVICE

CPR classes in community	
Community Health Fairs	2000-current
Community event first aid tents	

References:

Lynne Lancaster, RN CIC Manager, Infection Control/Employee Health
 Baptist Hospital Collierville (901-861-8880)

Margie Tubbs, BSN, RN Head Nurse Ambulatory
 Baptist Hospital Collierville (901-861-8830)